

# The Midwife.

## ECONOMIC CONSIDERATION OF THE WORK OF A MIDWIFE.

Pressure on our space has prevented so far more than a brief reference to the interesting Report to the Local Government Board on the Provision of Midwifery Service in the County of London by Dr. Janet E. Lane-Claypon.

Referring to the work of private midwives, Dr. Lane-Claypon says, in part :—

Efforts were made to assess the monetary value of an adequate midwifery service by considering the actual incomes and expenditure of private midwives, and although much interesting and valuable information was obtained it was necessary to adopt a somewhat different method in order to reach the required figure. Many midwives keep no accounts at all and spend what they receive as it comes in. Others are not entirely dependent upon their work for their livelihood, and it was found that only those who were overworked or who took pupils make enough out of their practice to cover the cost of living.

Several who had been able to get along before the war were now found to be using some of their capital and were hoping that improvement might arise or that some means of livelihood would present itself. These midwives were women of good type and stated to be carrying out very good work.

Their difficulty had been partly due to the rise in prices and partly to the provision of free midwifery for the wives of soldiers and sailors or by the growth of some neighbouring institution which undertakes out-patient midwifery.

The cost per case for drugs, &c., has risen greatly since the beginning of the war. Estimates made for previous years show that the cost was probably about 8d. to 10d. for each case, but at the present time, with the rise in price especially of disinfectants, the figure is between 1s. and 1s. 6d. per case, or even more, depending upon the nature of the case and upon the practice of the midwife.

Another method of inquiry into the monetary value of the services of the midwife proved more fruitful. Information was obtained from a large number of midwives, matrons, or heads of institutions carrying out midwifery work as to the number of cases a midwife might reasonably be called upon to undertake in the year, allowing for ante-natal work and for time to do the whole work properly.

The results obtained are remarkably concordant, although several different details of method were employed.

In some cases information was asked as to the total number of cases a midwife could attend in the year, in others the number which could be

attended in the month, or again the number of cases which a midwife might reasonably be required to have on hand at any one time, allowance being made for some ante-natal visiting each day.

The number of cases which a midwife might reasonably be expected to attend in the whole year was universally given as 120, or perhaps 130 if the area of work was fairly compact, with a possible maximum of 150 if the midwife worked very hard.

In less populated districts the maximum should be about 100 or possibly 120, according to the district.

The number of cases which could be taken in the month of thirty days in a populated area was variously estimated at from 9 to 12, which brings the yearly total up to 108 or 144, the mean figure of which corresponds closely with that given for the year.

The number of visits a midwife is stated to be able to do properly in the morning, with allowance for some ante-natal visiting, and assuming that the actual confinements take place mainly in the afternoon or evening, is variously given at 3 or 4. Since a midwife attends for ten days this means that she can undertake from 9 to 12 cases in a month of thirty days, an estimate which agrees with that obtained on the monthly basis.

In a few cases higher estimates were given for the daily or monthly estimates, but in these instances the midwives were themselves working from 9.30 a.m. till late in the afternoon, and were out most nights in the week. In this state of overwork they seemed unable to contemplate shorter hours, although they would be glad not to feel so pressed as at present. In other cases there was some reason to doubt the standard of maternity nursing which was expected.

The evidence shows, therefore, that the average number of births which a midwife could undertake with full service would be 120 in a town, or possibly 150 in an extreme case. In the country the figures would be 100 or less. Several experts gave 90 as an average, with an extreme figure of 120.

Further extensive inquiry was made in order to ascertain the cost of living to a midwife—that is, what sum she should be able to earn for the 120 cases in a town and for the 90–100 cases in the country. The figure of £2 per week was given with a uniformity amounting almost to monotony as being the sum necessary for the barest existence for holiday, sickness, savings, personal clothing, or other personal expenditure. If allowance is made for these, the figure would need to be £3 per week, or £150 per annum.

It must be pointed out that a midwife incurs expenditure in virtue of her profession. She must have a private room in which she can interview her patients when they come to book. She must have some arrangement for dealing with calls for her services while she is out on visits, as the house

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